## Political Organization Notice of Section 527 Status

(July 2000)

Department of the Treasury Internal Revenue Service

OMB No. 1545-1693

Pa	rt I General Information							
1 Name of organization						Employer identification number		
2 Mailing address (P.O. Box or number, street, and room or suite number)						3614153674		
2	Mailing address (P.O. Box or number, street, and room or suite number)							
	456 Fulton Street City or town, state, and ZIP code	Suite 19	<u> </u>					
	Peona, 16 61602							
3	E-mail address of organization	<u> </u>						
	none							
4a	Name of custodian of records		4b Custo	odian's address				
	Gary T. Shadid, Treas	uver		56 Fulton	Surte 126			
	1		_	Pona, IL				
	Name of contact person		I Camb	CUMA, IL	10100A			
			on Conta	St. Tubou	S. 1926	2		
George P. Shadid			5b Contact person's address 456 Fulton, Suite 192B					
	,		1	Peona, IL 6	01602			
6	Business address of organization (if d	ifferent from mailin				oom or suite number		
				·				
	City or town, state, and ZIP code							
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Part   Purpose								
	7 Describe the purpose of the organization							
	To support candidates for Public Office							
	The construction of the co							
		<del> </del>						
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						TO IN CORRER		
					- 7 000			
	t III List of All Related Ent	i <b>ties (</b> see instru			JUL 3 0 2000			
8a	Name of related entity	8b Relationship		8c Address				
	10000					OGDEN, UTAH		
	none					TOOLIN, UIAH		
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	]							
				<u> </u>				

Part IV List of All Officer	rs, Directors, and Highly C	compensated Employees (see instructions)
9a Name	9b Title	9c Address
George P. Shadid	Chairman	456 Fulton Suite 192B
		Peoria, IL 61602
Gary T. Shadid	Treasurer	156 Fulton, Suite 126 Peona, 16 61602
3		Peona, 11 61602
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Signature of authorized official

